

LICENSE PLATE ORDER FORM

DATE: _____

PO NUMBER _____

BILL TO: _____

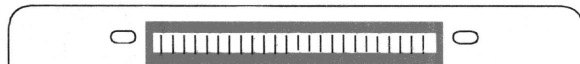
SHIP TO: _____
(STREET) _____

CONTACT: _____

TELEPHONE: _____

**ORDER FORM ONLY. DO NOT REMIT CHECK. INVOICE WILL FOLLOW.
PLEASE TYPE OR PRINT ALL INFORMATION.**

TOP (25 SPACES OR CHARACTERS)



TOP BLOCK COLOR WILL BE THE
SAME AS BLEND COLOR CHOSEN.

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MIDDLE (CHOOSE A, B, C, OR D)

A

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3" LETTERS
NO LOGO 9 SPACES OR CHARACTERS

B

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3" LETTERS
LOGO 6 SPACES OR CHARACTERS

C

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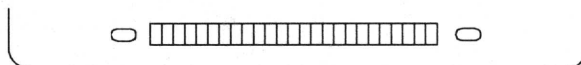
1 3/4" LETTERS
NO LOGO 11 SPACES OR CHARACTERS

D

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1 3/4" LETTERS
LOGO 8 SPACES OR CHARACTERS

BOTTOM (25 SPACES OR CHARACTERS)



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SEND TO: MISSOURI VOCATIONAL ENTERPRISES
1717 INDUSTRIAL DRIVE
PO BOX 1898
JEFFERSON CITY, MISSOURI 65102
PHONE: 800-392-8486
FAX: 573-751-9197

COLOR OF PLATES: BLUE BLACK ORANGE YELLOW RED GREEN (CIRCLE ONE)

SHIP _____ SETS OR SINGLES (CIRCLE ONE)